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[From the Charleston Medical Journal and Review, April, 1875.]

ART. V.—*Canceroid or Epithelioma of the Lower-Lip; Modified Operation for its Removal; Cure.* By MIDDLETON MICHEL, M. D., Professor of Physiology and Histology in the Medical College of the State of South Carolina, Charleston.

Mr. ———, of Massachusetts, residing temporarily in Beaufort, S. C., aged about fifty years, of healthy constitution, has suffered for two years from a canceroid disease of the lower-lip. The tumor, about the size of a walnut, extended from near the right labial commissure to a little beyond the mesial line of the face. The growth was incrustated by a scab, but did not reach the mucous border of the lip, nor did it dip deep into the subjacent tissues, as it had not involved the mucous layer beneath. There was no pain, though he was much annoyed by its size and situation. It first made its appearance as a warty excrescence about two years ago, and grew very slowly. Being in the habit of teasing it occasionally with his fingers, he at last accidentally pulled it entirely off some time in the month of October last, which appears to have aggravated it, since it then grew rapidly to its present dimensions within three months. Dr. H. M. Stuart, his family physician, finding that local treatment, consisting of various unguents, including several applications of nitrate of silver, and constitutional remedies, had no effect, advised the removal of the tumor with the knife, and brought him, in person, to me on the 5th January. Mr. ——— ascribed the early manifestation of this canceroid to his immoderate use of tobacco, as he generally, though not always carried the pipe or segar upon the right side of the mouth, and therefore he discontinued smoking for more than a year. There seems to be no hereditary claim to a cancerous diathesis, and his health is perfect. Wishing to combine cauterization with incision, should the latter become absolutely necessary, and having sometimes witnessed the marvellous effects

of the application of the sulphuric acid and saffron paste, I suggested its trial before resorting to the knife, prescribing also forty minims of Neligan's ioduretted solution of iodide of potassium and arsenic, to be gradually increased to eighty drops, thrice daily. This paste was at once applied, and formed as usual a hard investment, and he returned to Beaufort. When the button fell off, Dr. Stuart reapplied the same to a much more healthy looking surface, as he informed me by letter, but in the course of a few weeks the disease seemed aggravated, and Mr.

—— returned to the city to have it excised. The black scab which adhered with tenacity to the part, was now loosened by a poultice, and upon detaching it, as a point of great interest to me pathologically, I recognized for the first time, and with the naked eye, elongated, filiform, acuminate projections, liberating themselves from the growth as I pulled it slowly off, resembling so many short pegs attached to a shoe-sole, which proved to be the diffused and hypertrophied papillæ of the derm, of which I easily counted from eighteen to twenty, occupying the denuded surface, and zone of the primary tumor. This was clearly the papillary variety of canceroid of the skin, regarded by some as not so benign as the purely epidermic and perhaps more likely to return. The caustic had completely destroyed the epidermic, and so pulpified the papillary layer that on pressure with a delicate sponge probang their reduction into a pasty detritus of the color and consistency of very thick pus was readily effected; as there was an obvious extension of the surface however, I determined to remove the whole of the disease by incision.

On Thursday, February 11th, placing the patient under the influence of sulphuric Ether, the following operation was performed:

Making a semi-circular incision two lines from the diseased part, and entirely circumscribing it, the whole growth was dissected away down to the mucous layer, this being preserved intact, then paring away the remains of all suspicious tissue with the scissors, and saving thereby every available portion of integument which the usual V incision could not have done. Notwithstanding the wound left by the ablation of this tumor, it possessed that continuity of surface and tissue which greatly facilitated, or perhaps rendered possible, that approximation of its edges, which, with some tension of the parts, were brought carefully together and held united by harelip needles, secured by a figure of eight suture. Two delicate silk sutures were then added, one at the mucous border of lip, the other at the lower extremity of the wound, which now presented a perfectly vertical line corresponding to the raphe of the lip. The only dressings were compresses dipped frequently into cold water, during five days, when, after scarcely any suppuration, the wound was almost entirely healed. Though the mouth is drawn smaller, there exists not the slightest deformity.



I publish this simple case with the sole object of calling attention to the operative procedure, the chief feature of which consists in the preservation of the entire mucous membrane, which, with more or less available and useful integument, is completely sacrificed for the smallest tumors in the classic V incision invariably practised. In commenting on this preservation of the mucous layer, I wish to revive, if possible, a modification of the usual operation, so wholly neglected that perhaps few if any writers on surgery refer to it. Though practised more than half a century ago, no one, if we except Mr. Syme, seems to have considered it, and even his endorsement, completely substantiating its results has not evidently met with any kind of notice even in the most elaborate works before us. Nelaton and Malgaigne, with their national clearness, minuteness of detail, and exhaustiveness of the subjects with which they deal, make not the slightest allusion to a result, which, though an isolated one, was verified at the time by such men as Beclard, Breschet, Cloquet, and Ribes. It is now more than fifty years ago since Richerand removed the entire lower-lip from angle to angle, leaving intentionally its entire mucous membrane, and producing so hideous a wound, that had nature not operated most skilfully in the production of a lip, the patient could never afterwards have been able to retain her saliva; yet this mutilation in a fortnight was scarcely perceptible. He daily watched the progressive stages of repair as the new skin or tissue marched steadily onwards to join the labial border of the retained mucous membrane, until a perfect lip was reconstructed from its gingival to its buccal limits. Yet it is strange that a modification so simple compared to the complicated methods of plastic surgery should so long have lain in comparative oblivion that it has never since been practised but by M. Syme.

When a basement layer of organized tissue exists, we need not look with surprise at an extensive reproduction of territorial tissue—if I may use an expression by which I mean to imply tissue of the same nature as that of the spot itself—for I have seen, as others have, structure of considerable import reformed after extensive disorganization and actual removal, as where the entire scrotum was reproduced.

In advocating then this most useful advance in conservative surgery, made practicable in the simple retention and *employment* of an entire mucous layer, I must be understood as restricting this method absolutely to cancrroid disease or epithelioma, as Hannover termed it, which is different from cancer. With no desire of entering into the pathogenesis of cancer, or discussing the existence or non-existence of a specific polymorphous element as always characteristic of the disease, yet the bearing of the question upon the real nature of epithelioma, and the discrimination which must be made between a benign growth and

a malignant cancer before selecting this operation, compels me to refer, however briefly, to the subject.

Where a difference of opinion exists among pathologists of equal repute, it is but proper to call in the verdict of practical surgery, and I am willing to subscribe to the universal testimony that cancrroid appears to be a local disease, which, once removed, seldom reappears, especially in that variety of the affection which most frequently invades or occupies the lower-lip. I have always believed that epidermic cancrroid is a benign disease; perhaps a homeomorphous affection, which introduces no new element as a substitute for the normal structure, and not diffusing its influence beyond its own immediate zone, by propagating itself like cancer into adjacent parts; a strictly local, not constitutional affection, which seldom therefore returns, however far it may itself have extended. But even assuming cancrroid to be a primary stage of true cancer, if, as experience teaches, its stationary cells sometimes live out their lives in one locality, without traveling to distant parts and there proliferating; undergoing no metamorphic retrogression, though extending their domain in the region they inhabit; and in their sway over the parts involved, impeding function, destroying comfort, and depressing the mind of the patient; I will call such a cancer non-malignant, benign; and I say remove it, for it will not perhaps return. I would even restrict the operation again to the two varieties of the disease known as *epithelial* and *papillary cancrroid*, since in the third variety—the *dermo-epidemic cancrroid*—a transport of cancrroid even to the glands of its own special region may and does sometimes occur, though even here this is obviously different from cancerous infiltration, which, without limit, travels through the vascular channels into remote parts of the body.

I would not have it understood that I reject altogether the celsian V incision, for in limited growths or small tumors it is the obvious duty of the surgeon to give his patient a clean cut, when he simply thereby converts the wound into an artificial hare-lip of easy adjustment; but I advocate this mode of operating as well calculated to allay the embarrassment and apprehension of those who, in presence of an epithelioma invading half, or it may be the whole of the lip, are necessarily led to contemplate the irremediable gap, which nothing but some cheiloplastic operation, as bold as the formidable procedure of a Dieffenbach through cheek and chin involving facial artery and nerve and possibly parotid duct, could fill; or some modification of a like kind with its attendant sequelæ, erysipelas—an alarming source of failure in plastic surgery; erythematous inflammation, oftentimes troublesome and painful; not to speak of a yet more frequent source of disappointment, after-contractions.

Too much importance cannot be given to the retention of the



entire mucous membrane of the lip, since a basis is furnished under all circumstances for an out-growth of granulations from a perfectly healthy layer of subjacent tissue in a vast majority of cases, even of the third and worst variety of the disease. Should a case present itself then in which the entire lip was compromised by an Epithelioma, I should carefully remove with the scalpel all of the disease, leaving the entire mucous layer to granulate and perform an *auto-plastic* restoration of the organ, and this I should do with the utmost confidence in the reparative powers of so highly vascular a region as the face, for in gun-shot injuries in this part, I have been strikingly impressed with the wonderful processes of healing, when the slightest substratum of organized tissue remained; and equally surprised at the very little subsequent deformity which resulted, even after the severest mutilations from fire-arms of every description. Nor need we be apprehensive of the two ready transport of cancrroid elements to the incised wound; a reinoculation of *epithelial globes* as they have been termed—those ovoid or round bodies composed of concentric layers of epidermic scales—since in the worst forms of epithelioma these may be destroyed by cauterization. Where cancerous infection is seriously to be dreaded in the supposed escape of germs liberated accidentally from the mass which is being excised, have we no escharotic which, applied to the bleeding wound, may immediately destroy them, without exposure to the fatal result, that befell M. Roux's young patient from the arsenical preparation of Rousselot, which no one will again apply to a fresh wound? I think we have: not from my own experience, but from the testimony of those who extol a solution of chloride of zinc. Now, this solution which may be used as strong as twenty, thirty and forty grains to the ounce, has been applied to extensive and thin flaps, in such operations as the amputations of Syme and Mackenzie, with encouraging results. Swabbing the surface, over any thickened tissue that remains, even to within a short distance of the mucous structure itself must exercise an antiseptic effect, since we are told that for two or three days the pus, which flows from such a wound, has not the slightest fetor, and that the destructive consequences to be expected from so potent an escharotic never really occur. As for the pain attendant upon this application, which at most lasts but two hours, under anæsthesia and hypodermic injections, this may be generally controlled.

It may be thought by those familiar with the history of plastic surgery that the principle I am advocating has long been recognized, since Von Ammon refers to the importance of the preservation of the mucous membrane; and it will also be affirmed that Delpech once wrote: "Give me mucous membrane to cover the border of my new lip, and there is not a defect which I will not undertake to remedy." Imitating his confrère M. Serre also enforced the same course in accommodating the transplanted flap to the ancient

mucous membrane, except when this was involved in the disease. But it must be noticed that these suggestions from Ammon, Delpech, and Serre are offered as supplemental steps in cheiloplastic operations, for more perfectly accommodating the migratory flap to its new position, and only with the view of preventing the subsequent inversion of the flap at its labial border, a frequent result of the contraction of the tissue; my object is to offer a self-restoring membranous surface, which *auto-plastically* repairs a breach, which only a formidable operation is universally called into requisition to restore, and I therefore have laid such stress upon this point in the hope that should the future repeat the results herein narrated, this *blastodermic* method, as I would term it, may, in very many instances dispense with the difficult though ingenious methods of plastic surgery.

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